PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Decke: Number 10/507057

	•	CLAIMS A	IS FILED	- PART	1	•	SMAI	l F	NTITY		OTHE	
				nn 1) (Column 2)			TYPE			OF	OIHE	R THAN - ENTITY
TOTAL CLAIMS						• 1	RAT	E	FEE	٠. ٦	RATE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		FEE				FEE
TOTAL CHARGEABLE CLAIMS			13.	13 minus 20=		•		- 	460	102		
-	DEPENDENT					•)= 		OR	X\$16=	
	JLTIPLE DEP		minus 3 =			· X43	=		OR	X86=		
ــــــــــــــــــــــــــــــــــــــ							-145	=	145	OR	-290=	
• •	the onlerent	e in Cololitat 1 12	iess man z	nan zero, enter "0" in column 2			TOTA	\L	605	OR	TOTAL	
		CLAIMS AS A	r II						OTHER	THAN		
(Column 1)				(Colum		(Column 3)	SMA	LLE	NTITY	OR	SMALL	ENTITY
AMENOMENT A	17/04	REMAINING AFTER AMENOMENT		NUME PREVIO PAID F	IER USLY	PRESENT/ EXTRA	RATI		ADDI- TIONAL FER		RATE	ADDI- TIONAL FEE
	Total	. /3	Minus	- 2	0	=	X\$ 9	=		OR	X\$18=	
	Independent	1.2	Minus.	-** 2	3	=/ '	X43=		1	OR	X86=	
	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM	<u> </u>	1145				200	
				• •			+145:			OR	+290=	
						ADDIT. F	■.		OR	ADDIT. FEE	-	
		(Column 1) CLAIMS		(Colum		(Column 3)				• •		
AMENOMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOUS PAID F	er USLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	-84		=	X\$ 9=			OR	X\$18=	
	Incependent	•	Minus	des .		×	X43=	+		<u> </u>	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR		•
							+145=			OR	+290=	
								IL E		OR ,	TOTAL DOIT. FEE	
		(Column 1)		(Colum	n 2) ⁻	(Column 3)		•		9.		
Z ŀ		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ST ER JSLY	PRESENT EXTRA	RATE		ADDI- IONAL	ſ	RATE	ADDI- TIONAL FEE
	Ţotal .		Minus	**		=	X\$ 9=	-	FEE		X\$18=	
	Independent	•	Minus	***		= '		+		OR		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=			OR .	X86=	
							+145=].	OR .	+290=	
 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									L A AC	TOTAL DDIT. FEE	
. T	he 'Highest Nun	ober Previously Paid	For (Total or	independen	less than	n 3, enter "3." highest number i	ADDIT. FEI		priale box			